

KINDERGARTEN TEACHER QUESTIONNAIRE (FALL)

PART A

School ID#: _____

Teacher Name: _____

Teacher ID#: _____

Date Completed: ____/____/____

Prepared for the U.S. Department of Education
National Center for Education Statistics

by Westat
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Assurance of Confidentiality

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.

Dear Teacher,

This questionnaire asks about the characteristics of your class, and about the children in your class. Please write your answers directly on the questionnaire, by circling the appropriate number or by writing your response in the space provided.

Many of the questions ask that you respond separately for each kindergarten class that you teach -- half-day morning and/or afternoon or full-day.

- Report on **half-day morning and half-day afternoon classes** separately, in the appropriate columns.
- If you teach a **full-day class** (the same children are with you for the full day), please record your answers in only the full-day class column; do not report on the morning and afternoon sessions of the class separately.
- If you teach a class with a **day care** component, please report only on the instructional portion of the class, in the appropriate class column. For example, if the instructional portion of the class is held in the morning, and the day care portion in the afternoon, record your answers in the morning class column.

Thank you very much for your help.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0719. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 555 New Jersey Avenue, N.W., Washington, D.C. 20208.

	Morning class	Afternoon class	Full-day class
1. How many hours per day does each of your classes normally meet? WRITE THE NUMBER TO THE NEAREST HALF HOUR, FOR EXAMPLE, 2.5, 3.5. Number of hours/day	hrs/day	hrs/day	hrs/day
2. How many days per week does each of your classes normally meet? Number of days/week	days/wk	days/wk	days/wk
3. What type of kindergarten program(s) do you teach? CIRCLE ONE FOR EACH CLASS YOU TEACH.			
a. Regular kindergarten class 1-year program; traditional year of school primarily for 5 year-olds prior to first grade	1	1	1
b. 1st year of a 2-year kindergarten program	2	2	2
c. 2nd year of a 2-year kindergarten program	3	3	3
d. Transitional (or readiness) kindergarten (extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten)	4	4	4
e. Transitional/pre-1st grade class (extra year of school for children who have attended kindergarten but have been judged not ready for first grade)	5	5	5
f. Ungraded class with at least some kindergarten-aged children (a classroom containing kindergarten-aged students, possibly in combination with other ages, not formally identified as a "kindergarten" class)	6	6	6
g. Multigrade class with at least some kindergarten-aged children (a classroom containing kindergarten and some combination of other grades – for example a combination pre-kindergarten/kindergarten)	7	7	7

IF **MULTIGRADED** CLASSES ARE TAUGHT, ANSWER QUESTION 4.
OTHERWISE, GO TO QUESTION 5.

	Morning class	Afternoon class	Full-day class
4. What grade levels are included in each of the classes that you teach? CIRCLE ALL THAT APPLY.			
a. Prekindergarten	1	1	1
b. Transitional (or readiness) kindergarten.....	2	2	2
c. Regular kindergarten	3	3	3
d. Transitional/pre-1st grade.....	4	4	4
e. 1st grade	5	5	5
f. 2nd grade.....	6	6	6
g. 3rd grade or higher	7	7	7
5. As of today's date, how many children in your class(es) are at each of the following age levels?			
a. 3 years old	<u> </u> 3 yrs	<u> </u> 3 yrs	<u> </u> 3 yrs
b. 4 years old	<u> </u> 4 yrs	<u> </u> 4 yrs	<u> </u> 4 yrs
c. 5 years old	<u> </u> 5 yrs	<u> </u> 5 yrs	<u> </u> 5 yrs
d. 6 years old	<u> </u> 6 yrs	<u> </u> 6 yrs	<u> </u> 6 yrs
e. 7 years old	<u> </u> 7 yrs	<u> </u> 7 yrs	<u> </u> 7 yrs
f. 8 years old	<u> </u> 8 yrs	<u> </u> 8 yrs	<u> </u> 8 yrs
g. 9 years old or older	<u> </u> 9 + yrs	<u> </u> 9 + yrs	<u> </u> 9 + yrs
h. Total class enrollment	<u> </u> total	<u> </u> total	<u> </u> total

	Morning class	Afternoon class	Full-day class
6. As of today's date, how many children in each of your classes belong to each of the following racial-ethnic groups? WRITE NUMBER ON LINE.			
a. Asian or Pacific Islander	_____	_____	_____
b. Hispanic, regardless of race	_____	_____	_____
c. Black, not of Hispanic origin	_____	_____	_____
d. White, not of Hispanic origin	_____	_____	_____
e. American Indian or Native Alaskan	_____	_____	_____
f. Other (SPECIFY)	_____	_____	_____
Total class enrollment	_____	_____	_____
	total	total	total
7. As of today's date, how many boys and girls are there in each of your classes?			
Number of boys	_____	_____	_____
	boys	boys	boys
Number of girls	_____	_____	_____
	girls	girls	girls
8. Were children assigned to any of your classes on the basis of their preschool experience?			
Yes	1	1	1
No	2	2	2
9. For what percent of children in your classroom did you get records from their preschool or Head Start program or communicate with their preschool or Head Start teacher? CIRCLE ONE FOR EACH CLASS YOU TEACH.			
None	1	1	1
1 - 25%	2	2	2
26 - 50%	3	3	3
51 - 75%	4	4	4
76% or more	5	5	5
10. How many of the children in each of your classes are repeating kindergarten this year? IF NONE, WRITE "0."			
Number of children repeating kindergarten	_____	_____	_____

	Morning class	Afternoon class	Full-day class
11. How many of the children in each of your classes demonstrated the following reading skills when they started school this year? WRITE NUMBER ON LINE.			
Recognized letters	_____	_____	_____
Read words.....	_____	_____	_____
Read complete sentences	_____	_____	_____
12. At this point in the school year, how would you rate the behavior of the children in each of your classes? CIRCLE ONE FOR EACH CLASS YOU TEACH.			
Group misbehaves very frequently and is almost always difficult to handle	1	1	1
Group misbehaves frequently and is often difficult to handle.....	2	2	2
Group misbehaves occasionally.....	3	3	3
Group behaves well	4	4	4
Group behaves exceptionally well	5	5	5
13. Do any of the children in your class(es) speak a language other than English?			
Yes.....	1	1	1
No	2 GO TO Q20	2 GO TO Q20	2 GO TO Q20
14. Which languages other than English are spoken by the children in each of your classes? CIRCLE ALL THAT APPLY.			
a. Spanish.....	1	1	1
b. Vietnamese.....	2	2	2
c. Chinese.....	3	3	3
d. Japanese	4	4	4
e. Korean	5	5	5
f. A Filipino language	6	6	6
g. Another Asian language	7	7	7
h. Other language (SPECIFY):	8	8	8

	Morning class	Afternoon class	Full-day class
15. Do you have any children with limited English proficiency (LEP) in your class(es)? (LEP children are children whose native language is other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.)			
Yes.....	1	1	1
No	2 GO TO Q18	2 GO TO Q18	2 GO TO Q18
16. How many children with limited English proficiency (LEP) do you have in each of your classes?			
Number of LEP children	_____	_____	_____
17. How many of the LEP children in each of your classes receive English as a second language (ESL) instruction in the following ways in your school or center? (ESL is an instructional program designed to teach listening, speaking, reading, and writing English language skills to children with limited English proficiency.) WRITE NUMBER ON LINE.			
Receive no ESL instruction in the school	_____	_____	_____
Receive ESL instruction within the regular class.....	_____	_____	_____
Receive ESL instruction outside the regular class.....	_____	_____	_____
18. Which languages other than English are spoken by you and any other teacher or aide to the LEP children in each of your classes? CIRCLE ALL THAT APPLY.			
a. No language other than English	1 GO TO Q20	1 GO TO Q20	1 GO TO Q20
b. Spanish.....	2	2	2
c. Vietnamese.....	3	3	3
d. Chinese.....	4	4	4
e. Japanese	5	5	5
f. Korean	6	6	6
g. A Filipino language	7	7	7
h. Another Asian language	8	8	8
i. Other language (SPECIFY):	9	9	9

19. How much time per day do you and any other teacher or aide speak any non-English language in each of your classes? CIRCLE ONE FOR EACH CLASS YOU TEACH.

1 - 15 minutes.....
 16 - 30 minutes.....
 31 - 60 minutes.....
 More than 60 minutes.....

Morning class	Afternoon class	Full-day class
1	1	1
2	2	2
3	3	3
4	4	4

20. Date questionnaire completed: ____/____/____
 MM DD YY